



Massachusetts Department of Environmental Protection
Bureau of Water Resources – Drinking Water Program

PWS ID# _____

Monitoring Waiver Application
2020-2022 Compliance Period

Date _____

Community and
Non-Transient Non-Community
Public Water Systems

9-Year Waiver Compliance Cycle 2020-2028		
1 st Period 2020-2022	2 nd Period 2023-2025	3 rd Period 2026-2028

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Public Water Supply Information

PWS Name _____

PWS Mailing Address _____

PWS Location (if different) _____

Contact Person Name and Phone Number _____

System Type: ☐ Community ☐ Non-Transient Non-Community

B. Source Information

List sources, check box for which a waiver is being requested, and add the date the last time contaminant was sampled.

Source ID # (e.g. 02G, 02S)	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>	IOC <input type="checkbox"/>	Perchlorate <input type="checkbox"/>
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Source ID # (e.g. 02G, 02S)	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>	IOC <input type="checkbox"/>	Perchlorate <input type="checkbox"/>

If you have more sources than what is shown here, make a copy of this page and add into the application.

C. Source Protection – Land Use Inventory (ground water)

Fill out a separate Section C for each groundwater source. Section D is for surface water sources.

Refer to your facility's SWAP report for additional information at: <https://www.mass.gov/lists/source-water-assessment-and-protection-swap-program-documents>

Please review the land use matrix located at: <https://www.mass.gov/lists/source-water-assessment-and-protection-swap-program-documents>.

Source ID# (i.e. 02G or 03G)

Source Name

Review the list of land uses below and insert a checkmark in the respective columns if these land uses are located within the Zone I.

If NONE of the land uses described below are located in the Zone I check here. ☐

septic systems/cesspools	<input type="checkbox"/>
residential homes (including nursing homes)	<input type="checkbox"/>
institutional facilities (schools, prisons etc)	<input type="checkbox"/>
fuel heating tanks	<input type="checkbox"/>
commercial retail facilities	<input type="checkbox"/>
commercial service shops (small engine/ auto/ boat repair /etc)	<input type="checkbox"/>
manufacturing facilities including Industrial parks	<input type="checkbox"/>
office parks or warehouses	<input type="checkbox"/>
medical facilities (hospitals, research labs)	<input type="checkbox"/>
sanitary wastewater discharges (other than septic systems)	<input type="checkbox"/>
non-sanitary wastewater discharges	<input type="checkbox"/>
excavation activity (sand/gravel, mining, construction)	<input type="checkbox"/>
blasting activity (past or present) including any fireworks displays	<input type="checkbox"/>
sodium hypochlorite use	<input type="checkbox"/>
lawn care activity:	
fertilizer/manure application or storage	<input type="checkbox"/>
pesticide application or storage	<input type="checkbox"/>
Utility rights of way or railroads	<input type="checkbox"/>
other structure or activity in the Zone I (describe below):	<input type="checkbox"/>

Please check one and follow instructions:

☐ Municipal PWS: The Zone II must be protected by municipal controls (bylaws, ordinances, or health regulations) that meet MA Wellhead Protection Regulations 310 CMR 22.21(2). Public water systems who have not received a Wellhead Protection Compliance letter must attach and submit documentation of municipal protection that meets 310 CMR 22.21(2).

☐ Non-Municipal PWS: Public water suppliers must meet the Best Effort Requirement 310 CMR 22.21(1). The Zone II must also be protected by a hazardous material bylaw/ordinance or health regulation. Attach and submit your best effort documentation.

Sources with an IWPA

☐ PWS MUST date and sign below. The PWS must demonstrate they have adequately notified landowners and businesses in the IWPA. Public notification is required **every** monitoring waiver compliance period. (A Sample Notification Letter and fact sheet is available on the MassDEP website at: <https://www.mass.gov/lists/source-water-protection-forms-and-templates>.)

Date of Public Notification

Notification Description (flyer, letter, poster, etc.)

PWS Signature

Date

Fill out a separate Section D for each surface water source.

PWSs serving >25,000 people must have an approved protection plan to receive a waiver.

Refer to your facility's SWAP report for additional information at:

<https://www.mass.gov/lists/source-water-assessment-and-protection-swap-program-documents>

Please review the land use matrix located at:

<https://www.mass.gov/lists/source-water-assessment-and-protection-swap-program-documents>

D. Source Protection – Land Use Inventory (surface water)

Source ID# (i.e. 02S or 03S)

Source Name

Review the list of land uses below and insert a checkmark in the respective columns if these land uses are located within the Zone A of your reservoir and/or within the watershed but outside the Zone A.

The Department will review your responses along with other information about land uses in the Zone A and/or watershed of this source when making its waiver decision.

Check here if NONE of the land uses described in this application is located within the Zone A of your reservoir and/or within the watershed but outside the Zone A. ☐

	Zone A	Within watershed, but outside the Zone A
boating	<input type="checkbox"/>	<input type="checkbox"/>
combined sewer overflows, storm drains/stormwater basins	<input type="checkbox"/>	<input type="checkbox"/>
illegal dumping	<input type="checkbox"/>	<input type="checkbox"/>
military facilities (past & present)	<input type="checkbox"/>	<input type="checkbox"/>
lawn care/agricultural	<input type="checkbox"/>	<input type="checkbox"/>
utility rights of way	<input type="checkbox"/>	<input type="checkbox"/>
railroads	<input type="checkbox"/>	<input type="checkbox"/>
septic systems/cesspools (Zone A only)	<input type="checkbox"/>	

Land uses that potentially generate perchlorate:

blasting activities (check with local fire dept.- includes past or present)	<input type="checkbox"/>	<input type="checkbox"/>
firework displays (past or present)	<input type="checkbox"/>	<input type="checkbox"/>
industrial perchloric acid -used as a lab reagent	<input type="checkbox"/>	<input type="checkbox"/>
munitions (e.g., military facilities)	<input type="checkbox"/>	<input type="checkbox"/>
sodium hypochlorite use	<input type="checkbox"/>	<input type="checkbox"/>

E. Certification

"I certify, under penalty of perjury, that all information submitted in support of the application for a monitoring waiver is true to the best of my knowledge."

Name

Signature

Position/Title

Email application to Program.Director-DWP@mass.gov and use *PWSID#_PWSName_2020-22WaiverApp* in the subject line. Please scan your completed/signed application into a PDF format using the standard naming convention of *PWSID#_PWSName_2020-22WaiverApp*. Include any requested source protection documents at the end of the application.

You may also mail in your completed/signed application to: MassDEP; DWP-Monitoring Waiver Program – 5th Floor; One Winter Street; Boston, MA 02108; Attn: Marie Tennant **Application Deadline October 30, 2019**